

**Meals on Wheels of Hamilton County, Inc.
395 Westfield Road Noblesville, IN 46060**

VOLUNTEER APPLICATION

Please complete and return to the Meals on Wheels office with the "Volunteer Driver's Release & Confidentiality Agreement."

Name _____
First Middle Initial Last

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Car or Cellular Telephone _____ Email Address _____

Date of Birth _____ Social Security Number _____

Employer _____

Volunteer Type _____ Group/Company Name _____
Individual/Group/Corporate

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Relationship(s) _____

Vehicle Insurance Company and Policy Number _____

(Please attach a copy of the insurance policy indicating coverage required by Indiana law)

Driver's License Number and Issuing State _____

(Please attach a copy of a valid Driver's License)

Have you ever been convicted of a felony, crime of dishonesty or untruthfulness, or a crime involving abuse of alcohol or a controlled substance? _____ If yes, please describe in detail on back.
I hereby authorize Meals on Wheels of Hamilton County, Inc., or any of its agents to perform a criminal background check or any other kind of background check.

Signature _____ Date _____

MEALS ON WHEELS DELIVERY INFORMATION

Preferred Delivery Schedule _____

Will You Have a Delivery Partner? _____ If So, Who? _____
(Partner(s) must also complete an application if they will be a driver)

Are You Available to Substitute? _____ Which Days? _____

I hereby swear or affirm under penalty of perjury that all the above information is true.

Signature _____ Date _____

**Meals on Wheels of Hamilton County, Inc.
VOLUNTEER DRIVER'S RELEASE**

I, _____, hereby confirm that in connection with my volunteer delivery of Meals on Wheels of Hamilton County, Inc. ("MOWHC"), for which services I am not compensated by MOWHC and which consist of picking up meals from and prepared by a designated provider and delivering them to certain clients of MOWHC, I hereby do and agree to each of the following:

1. I shall be solely responsible for each and all of my acts or omissions, including but not limited to the use of my motor vehicle or any other motor vehicles, my personal safety in walking and carrying meals, my personal safety in interacting with Meals on Wheels of Hamilton County, Inc., clients, etc;

2. I hereby fully release and forever discharge MOWHC and, if I am employed, my employer, _____, from and against any and all liability, including but not limited to any and all claims, complaints, causes of actions, suits, debts, breaches, injuries, or other liability, or any kind or character whatsoever, arising out of or relating to the performance of my volunteer services for MOWHC; and

3. I represent and warrant that I have, and will maintain throughout the period I am a MOWHC volunteer, public liability and property damage insurance, with policy limits in accordance with Indiana law, for any vehicle I may drive. I further represent and warrant that I have a valid driver's license and that I have no knowledge of any facts, conditions, or circumstances that would impair or preclude me from safely operating a motor vehicle, from safely walking with trays in my hands, or from climbing steps with trays in my hands.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

Signature

Date

Meals on Wheels of Hamilton County, Inc.
Confidentiality Agreement

During the performance of the employee or volunteer's duties under this Agreement, the employee or volunteer shall become familiar with various confidential information of Meals on Wheels, including but not limited to customer and client lists (not including the special accounts), methods, means, techniques and manners of operating business covered under this Agreement, trade secrets, marketing plans, advertising material, forms systems, data processing, and information pertaining to the operation of the business of Meals on Wheels (hereinafter "confidential information").

The Employee or Volunteer promises not to disclose, reveal or otherwise divulge any such confidential information to any person, company, firm or entity during the term of this Agreement or following its termination, and further covenants to return promptly to Meals on Wheels upon termination of this Agreement any records, forms, software, computer software codes, customers lists and addresses, statements, documents or other writings in Meals on Wheels possession which contain information related to or pertaining in any respect to such confidential information.

The foregoing confidentiality provision shall not apply to know-how of the employee or volunteer, which exists prior to or developed during the term of this Agreement or to information which is in the public domain.

Printed Employee or Volunteer Name

Signature, Employee or Volunteer

Date _____